

## "FEE ADDRESS" INDICATION FORM

Address to:  
Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

☒ Customer Number

53609



*Place Customer Number  
Bar Code Label Here*

*(Type Customer Name here)*

**OR**

☐ Request for Customer Number (PTO/SB/125) attached hereto

In the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER	PATENT NUMBER
7,017,608	

(check one)

☐ Applicant/Inventor

/Jeffery J. Makeever/  
Signature

☒ Attorney or Agent of record 37390  
(Reg. No.)

Jeffery J. Makeever  
Typed or printed name

☐ Assignee of record of the entire interest. See  
37 CFR 3.71. Statement under 37 CFR 3.73 (b)  
is enclosed. (Form PTO/SB/96)

815-654-5620  
Requestor's Telephone Number

☐ Assignment recorded at Reel      Frame

March 21, 2008  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 form is submitted.